The G-8 score independently predicted PFS in elderly OC patients regardless of maximal surgical effort. This could be useful to assess surgical treatment based on frailty rather than age alone.
similar HR: 1.39 [0.71-2.74] in patients with PD-L1 IC<5% (mPFS 19.3mo [14.9-25.7] vs mPFS 18.2mo [14.5-19.3] in control and experimental arms respectively). Pembrolizumab improved mPFS (HR: 0.56 [0.19-1.61]) for pts with PD-L1≥5% (mPFS 20.8mo [9.5-NE] vs mPFS 23.4mo [18.0-NE] in control and experimental arms respectively).

Conclusion* If no benefit in adding Pembrolizumab to CT +/- bevacizumab was found in wtBRCA subgroup, exploratory PFS analyses in the PD-L1 IC ≥5% subgroup showed a trend favouring Pembrolizumab in patients with advanced HGSOC.

Introduction/Background* CD103-positive tissue resident memory-like CD8+ T cells (CD8CD103 TRM) are associated with improved prognosis across malignancies, including high-grade serous ovarian cancer (HGSOC). We investigated whether quantification of CD8, CD103 or both is required to improve existing survival prediction and whether all HGSOC patients or only specific subgroups of patients benefit from infiltration.

Methodology We applied image-based quantification of CD8 and CD103 multiplex immunohistochemistry in the intratumoral and stromal compartments of 268 advanced-stage HGSOC patients from two independent clinical institutions.

Result(s)* Infiltration density of CD8CD103 TRM was independent of clinicopathological factors and primary treatment strategy. A survival benefit of CD8CD103 TRM infiltration was observed in patients treated with primary cytoreductive surgery. Moreover, survival benefit in this group was limited to patients with no macroscopic tumor lesions after surgery (high epithelial CD8CD103 TRM infiltration 5 year survival 83% versus 52%, p=0.03; high stromal CD8CD103 TRM 5 year survival 77% versus 54%, p=0.01). No effect of CD8CD103 TRM infiltration on overall survival was observed in patients treated with neo-adjuvant chemotherapy, with or without macroscopic tumor lesions after surgery (high epithelial CD8CD103 TRM infiltration, p=0.77; high stromal CD8CD103 TRM infiltration, p=0.32).

Conclusion* Our results suggest CD8CD103 TRM quantification as a superior method for prognostication compared to single CD8 or CD103 quantification, and supports the further exploration of image-based quantification of CD8CD103 TRM in HGSOC. This approach provides novel insights into...